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by a condition of irritation which seems to justify the expression, chronic periencephalitis, although the brain-coverings play only a secondary rôle. Obersteiner's views that the "spider cells" are formed from wandering leucocytes, are quoted, together with his description of the processes leading to fibre-atrophy. Healthy and diseased cells and fibres being seen side by side, the early symptoms do not constitute a paralysis, but a cortical ataxia, a motor intelligence-disturbance on the one hand, and on the psychic side mental failure due to defective association of ideas through greater or less affection of the association-fibres of the cortex. Further than that we can scarcely yet be said to know much about the relations of pathological conditions to abnormal mental manifestations in general paralysis, except so far as the final atrophy explains the intellectual and physical decay. Folsom's description of the prodromal stage of general paralysis has already been reviewed in this Journal (Vol. III. p. 557).

CUYLITS, *Surmenage et folie paralytique*, Bulletin de la Société de Médecine mentale de Belgique 1890 p. 271.

In this article the author attempts to make good his assertion that overwork, traumatism, the abuse of alcohol and tobacco produce no bad effect in a sane man. They may produce some form of mental alienation in a nervous hereditary subject; they may produce general paralysis when this hereditarily predisposed subject is syphilitic from birth or when he becomes so later. In assigning this specific origin to general paralysis he classes it with the diseases by intoxication of the same kind as the nervous accidents due to typhoid fever or diphtheria. The author urges that it is not easy to demonstrate by facts and arguments that overwork may of itself be able to cause general paralysis. He thinks that if a particular case is cited as a case of general paralysis from overwork that, unhappily for the demonstration, it would be difficult to establish the fact that he was not at the same time an hereditary subject, and on this account the observation would be without value. The contention of the author is that the normally endowed man cannot overwork, fatigue acting as a sort of safety valve, producing sleep in time to save the brain. If a man, apparently sound and healthy, with no sign of degeneration, overworks and becomes insane, he is *ipso facto* a degenerate, else he would not have broken down, and you have not looked deep enough for the signs of degeneration. Criticism is simply powerless before such an argument.

CHEVALIER, *La paralysie générale à l'asile de Dijon* (de 1843 à 1889), Thèse de Bordeaux 1889-1890 No. 52.

From a statistical study of the records of the Dijon Asylum, Chevalier concludes:

1. The number of general paralytics has risen during 30 years from 13% to 20% for the men, and from 5% to 7% for the women.
2. The proportion is four times greater among the men than among the women.
3. The number of married paralytics is double that of the unmarried.
4. The average age is 38 years for the men and 40 years for the women.
5. There were no paralytics under 21 years.
6. From 20 to 25 the proportion is 1-5%.
7. The laboring class furnished about 30% of the number of paralytics; the commercial and industrial classes 25%; the liberal professions 5% (Dijon is a public asylum).
8. Among 163 paralytics whose hereditary and personal antecedents were established, there were 1-5 with an alcoholic heredity; 1-5 with a congestive and insane heredity; 1-13 with a history of syphilis.